Washington State Department of Social & Health Services

FSA Financial Services Administration

SOCIAL SERVICE
INCORRECT PAYMENT COMPUTATION

LOCAL OFFICE		DATE
☐ CLIENT PAYEE OVERPAYMENT		☐ VENDOR OVERPAYMENT
CLIENT CASE NUMBER		VENDOR NUMBER
CLIENT NAME		VENDOR NAME

MONTH	YEAR	WARRANT NUMBER	WARRANT DATE	SERVICE NAME	TYPE OF SERVICE	SSPS CODE	SOURCE CODE	REASON CODE	AUTHORIZATION NUMBER	INVOICE NUMBER	PROVIDER NUMBER	AMOUNT

SIGNATURE	DATE	Total Amount

SOCIAL SERVICE
INCORRECT PAYMENT COMPUTATION

INSTRUCTIONS

PURPOSE: The Social Service Incorrect Payment Computation, DSHS 18-399, is used to compute the incorrect payment for social service overpayments. The DSHS 18-399 is attached to the Social Service Overpayment, DSHS 18-398. Both forms notify the vendor and the Finance Division Office of Financial Recovery of a social service overpayment.

1.   LOCAL OFFICE: Enter the name of the local office.

2.   DATE: Enter the date the DSHS 18-399 is prepared.

3.   CLIENT/VENDOR OVERPAYMENT: Indicate whether this is a client or a vendor overpayment.

4.   CLIENT CASE NUMBER/VENDOR NUMBER: Enter the client case number or vendor number.

5.   CLIENT NAME/VENDOR NAME: Enter the name of the client or vendor.

6.   MONTH - YEAR: Enter the month and year of service.

7.   WARRANT NUMBER: Enter the warrant number.

8.   WARRANT DATE: Enter the date of the warrant (MM/DD/YYYY).

9.   SERVICE NAME: Enter the name of the client for whom the overpayment is being established.

10.   TYPE OF SERVICE: Indicate the type of service.

11.   SSPS CODE: The numeric code from item 36 of the DSHS 14-154 or DSHS 14-159.

12.   SOURCE CODE: Item 31 from the DSHS 14-154 or DSHS 14-159 for the service that was overpaid. Enter 'NONE' if item 31 is blank.

13.   REASON CODE: Item 37 on the DSHS 14-154 or DSHS 14-159 for the service that was overpaid. Enter 'NONE' if item 37 is blank.

14.   AUTHORIZATION NUMBER: Item 2 of the DSHS 14-154 or DSHS 14-159 that authorized the amount overpaid.

15.   INVOICE NUMBER: Item 1 on the Service Invoice, DSHS 08-141 or DSHS 08-194.

16.   PROVIDER NUMBER: Enter the vendor's provider number.

17.   AMOUNT: Enter the overpayment amount.

18.   SIGNATURE: Signature of the service worker completing the form.

19.   DATE: Enter the date signed.

20.   TOTAL AMOUNT: Enter the total of amounts in the column above.